Case Management Agencies -

As you are aware, all Waiver regulations now mandate the use of the Medicaid Waiver Management Application (MWMA). All new waiver applications, level of care requests and plan of care requests must be submitted through MWMA. Paper or verbal processes are no longer accepted.

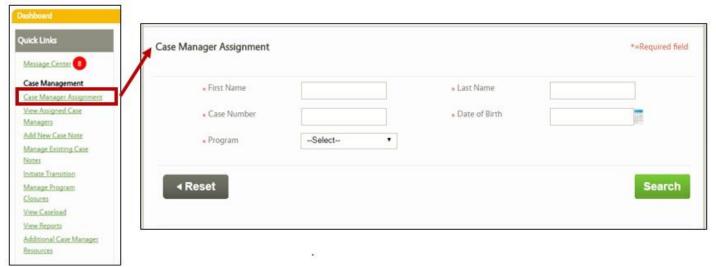
To support this transition, the Commonwealth has provided additional materials and training opportunities over the past several months. These efforts are designed to support MWMA users:

- Additional in-person training on MWMA. All users received notification of the additional training opportunities at the beginning of April.
- Updated Quick Reference Guides, Job Aids, and Tip Sheets. These updated materials are posted on TRIS (http://tris.eku.edu/MWMA) to support MWMA user adoption.
- Information Bulletins were distributed to MWMA users and highlighted key MWMA processes, updates, and tips and tricks. These materials have been posted to TRIS under the Additional Resources tab (http://tris.eku.edu/MWMA).
- On-site support visits to Case Management Agencies occurred throughout Kentucky.
- Updated web-based trainings have been posted on TRIS (http://tris.eku.edu/MWMA).

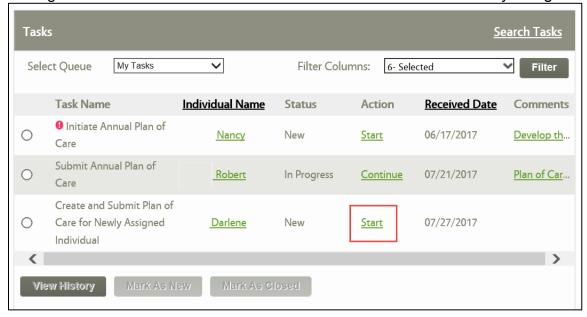
Because paper processes are no longer accepted, all new Plans of Care and modifications to existing Plans must go through MWMA. If the Individual's Plan was approved via fax outside of MWMA, it must now be entered into and approved in MWMA before any modifications can be completed. This process is outlined below.

If the Case Management Agency is not linked to the Individual in MWMA, users within the Agency will not be able to search for the Individual. A Case Supervisor, at the Individual's Case Management agency, must first assign the Individual to their agency through the Case Manager Assignment screen. Step 1 below can be skipped if the correct Case Management Agency is already linked to the Individual in MWMA.

Case Supervisor must enter the *Individual's First Name*, *Last Name*, *Case Number*, *Date of Birth*, and *HCBS Waiver Program* in order to assign the Individual to their agency. If the Case Supervisor does not know the Individual's case number, the Case Supervisor should contact the Contact Center (1-800-635-2570 press 1, 6, and 2).



2. As soon as the Case Management Agency is linked to the Individual, the Individual's Case Manager is able to work the task for 'Create and Submit Plan for Newly Assigned Individual'.

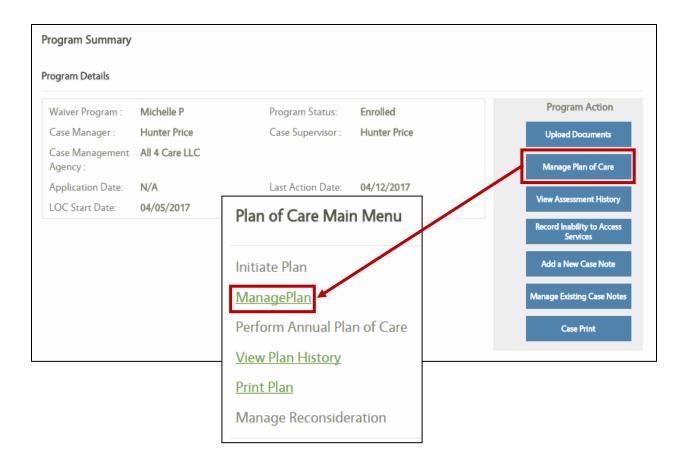


If no task is found, the Case Manager should contact the Contact Center for further assistance (1-800-635-2570 press 1, 6, and 2).

If the Individual's Plan was approved via fax outside of MWMA, it must now be entered into MWMA before any modifications can be made.

- Enter the Individual's approved Plan of Care (the Plan approved outside of MWMA) into MWMA, exactly as it was approved outside MWMA. Under 'My Tasks' on your dashboard select the Plan of Care task (may differ from the one shown in the screenshot) and attach the MAP-109 to confirm prior approval outside the system.
- 2. Submit the Plan for review in MWMA. After the Plan is submitted, the Plan Reviewer (QIO) receives a task to review the Plan.
- 3. After the Plan Reviewer (QIO) reviews the Plan in MWMA and all services are approved in MWMA, then modifications to the Plan can be entered and submitted to the Plan Reviewer for approval. Only services that are approved in MWMA can be modified. Modifications can be completed by navigating to 'Manage Plan' on the Individual's Program Summary screen.





It is highly encouraged to enter an Individual's current Plan in MWMA as soon as possible to ensure that there is no delay when a modification to the Plan is needed. Modifications can now only be completed in MWMA.

If you have any additional questions about this process please call the Contact Center (1-800-635-2570 press 1, 6, and 2).

Thank you for your continued support of our process enhancements!